MHCC | MARYLAND HEALTH CARE COMMISSION

An Assessment of Privacy and Security Policies and Business Practices Related to Electronic Health Information Exchange

The Perspective of Eight

Health Care Sector Groups

Background

❑ Over the last 14 months, MHCC conducted an assessment of privacy and security policies and business practices related to electronic health information exchange from the perspective of eight health care Sector Groups

❑ The assessment focused on business policies and practices in general, and security policies and practices in particular, that could hinder the development of effective electronic health information exchange either within hospital systems or statewide

Sector Groups

- Consumer
- Hospital
- Medical Laboratory and Diagnostic Imaging Center
- Long Term Care

- Payer
- Pharmacy
- Physician
- Purchaser

Assessment

❑ The assessment began with an examination of how each Sector Group viewed electronic health information exchange (HIE) in terms of both its promise and potential pitfalls

❑ Sector Groups identified the issues of greatest concern, as well as how governance, privacy and security policies, business practices, changes in State and federal laws, and new technologies might be used to address these concerns and build public trust

❑ The Sector Groups also considered the barriers, risks, and challenges related to HIE

Sector Group Findings

Consumers

- ❑ Agreed that significant privacy and security concerns need to be resolved before they would feel secure about sharing sensitive information electronically

- ❑ Concurred that consumers need to control the flow and access of their electronic health information

- ❑ Agreed that an opt-out policy, in which patient information is included in an HIE unless patients explicitly exclude it, is the best approach to ensure adequate patient participation and administrative efficiencies

- ❑ Believed that registering patients in the exchange, as well as authenticating them, should in most cases be the responsibility of the primary care provider

- ❑ Felt strongly that an exchange needs to have well-established audit trails and electronic consumer alerts when patient information is accessed

Hospitals

❑ Felt that a business case for HIE currently exists within each hospital system

❑ Dedicated resources to connect internal disparate systems and are evaluating opportunities for sharing electronic patient information with providers in their service area

❑ Raised concern about allowing other hospitals access to their patient information

❑ Viewed data as proprietary and as the leading method for maintaining market share

❑ Cited improvement in the quality and efficiency of patient care as the primary benefit of electronic health information, achieved primarily through enhanced access to patient data and test results

❑ Believed that the cost of development is the leading barrier to HIE, followed closely by the lack of consistent business practices and privacy and security policies

Long Term Care Facilities

❑ Viewed their fragmented use of technology as a key barrier to moving forward with electronic data sharing

❑ Believed the lack of HIT adoption in this sector is related to high employee and patient turnover, as well as low reimbursement

❑ Felt the primary benefits of HIE are the ability to make more informed patient care decisions, the ability to access information more rapidly through results delivery, and the cost savings associated with increased efficiencies in the care delivery process

❑ Agreed the lack of education and awareness of HIE and a fear of falling too far behind in using technology are major concerns

❑ Believed that the State needs to establish policies on privacy and security before patient information is electronically exchanged

Medical Laboratory & Diagnostic Imaging Centers

❑ Believed that most physicians lack the infrastructure to support HIE

❑ Felt that expanding HIE would increase the efficiency and quality of health care and reduce operating costs

❑ Currently maintains hundreds of costly provider connections to support different provider technologies

❑ Expressed concern over the lack of national and local privacy and security policies, potential consumer resistance, disparities in the level of technology across sectors, and the impact of reduced revenues relating to duplicate testing that would be nearly eliminated as a result of information sharing

❑ Raised concern about supporting different HIEs in multiple states

Payers

❑ Expressed skepticism about the overall value proposition of HIE

❑ Reported mixed views on whether the benefits of HIE accrue primarily to payers as compared to other Sector Groups

❑ Believed that investing in systems to support HIE would be difficult to justify given the length of time necessary to realize an appropriate return on investment

❑ Felt uncertain as to whether a statewide HIE is a wise decision at this time

❑ Agreed that it is important to provide more information at the point of care, and encouraged hospital systems to move forward to develop service area exchanges as the first step in building a statewide HIE

❑ Expressed concern over the lack of statewide privacy and security policies

Pharmacies

❑ Agreed that HIE would create efficiencies and improve patient safety

❑ Believed that eliminating paper prescriptions will reduce the risks associated with handwritten prescriptions and speed up the process of filling prescriptions

❑ Reported the existence of sound policies and business practices to guard against inappropriate use and disclosure of electronic health information

❑ Agreed that statewide privacy and security policies are needed to build upon the existing HIPAA regulations

❑ Expressed concern regarding physician reluctance to use technology as evidenced by the slow adoption of electronic prescribing

Physicians

❑ Concluded that implementing HIE would reduce medical errors, increase operating efficiencies, advance pay for performance initiatives, and allow for more consistent use of evidence-based medicine

❑ Believed that reduced productivity during technology deployment is a barrier to widespread adoption

❑ Felt that increased use of HIT will raise their liability exposure

❑ Remained uncertain whether a business case for HIE exists

❑ Expressed concern that physicians will absorb the bulk of implementation costs when the benefits accrue primarily to other Sector Groups

❑ Think the State needs to provide financial incentives to expand technology adoption

❑ Agreed that the State should facilitate the development of HIE privacy and security policies

Purchasers

❑ Believed that they would be a leading beneficiary of an HIE

❑ Agreed that any benefits from improved health status of their employees will not be realized until well after a system of data sharing has been fully implemented

❑ Expressed concern about their ability to participate in funding an HIE

❑ Believed the lack of privacy and security policies are the leading barriers to implementing an HIE, followed closely by the costs associated with purchasing or upgrading existing computer systems and the hiring of additional staff

Recommendations & Next Steps

Recommendations for the State of Maryland

❑ Develop statewide policies that address access, authorization, authentication, and the privacy and security of electronic health information

❑ Resolve issues relating to ownership and control of electronic health information

❑ Encourage hospital systems to foster development of data sharing with service area providers

❑ Move forward in developing a statewide electronic health information exchange

❑ Develop consumer education initiatives relating to electronic health information exchange

❑ Explore State funding opportunities in the form of grants and small business loans for provider acquisition of health information technology

Recommendations for the State of Maryland
(Continued)

❑ Resolve concerns over increased provider liability in the use of electronic health information

❑ Develop a standard set of data that can be used for sharing information within a hospital system and in a health information exchange

❑ Determine secondary uses of data for purposes other than treatment, payment, or health care operations

❑ Consider the broad impact of personal health record adoption on electronic health information exchange

❑ Develop legislation that includes incentives for health information technology adoption and explore the impact of mandating its use by 2014

Next Steps

❑ MHCC convened a Solutions and Implementation Workgroup, which is using the recommendations from the Sector Groups assessment to develop solutions and implementation plans for privacy and security policies and business practices as they relate to sharing health information electronically

❑ The Sector Groups assessment and the findings from the Solutions and Implementation Workgroup will provide valuable information to aid in the development of a strategy for phased implementation of a statewide health information exchange

❑ MHCC and HSCRC plan to release a Request for Application (RFA) to fund up to three planning projects for a statewide health information exchange in the fourth quarter of 2007